

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-65-005139

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

35

STATE FILE NUMBER

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR
TOWN
Butler

Length of stay in 1b

6 Weeks

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Bates Co. Mem. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Bates

c. CITY

OR
TOWN

Adrian

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Vallie

Pearl

Murray

4. DATE
OF DEATH

Month

Day

Year

February 9 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-30-84

9. AGE (last birthday)

78

IF UNDER 1 YEAR:

Months

3

Days

9

IF UNDER 24 HR:

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Hwie.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Halstead, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Roe Moulds

13b. MOTHER'S MAIDEN NAME

Alice Ann Robinson

14. NAME OF HUSBAND OR WIFE

Arthur Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Lucille Greer, Adrian, Mo.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Myocardial failure

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

None

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1954

to 2-9-63

and last saw her alive on 2-8-63

Death occurred at

1:40 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard P. Howard MD

22b. ADDRESS

Butler, Mo

22c. DATE SIGNED

2-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-11-63

23c. NAME OF CEMETERY OR CREMATORY

Crescent Hill Cemetery

23d. LOCATION (City, town, or county)

Adrian, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Six Funeral Service, Adrian, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 10, 1963

26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

18071

8070

3

4 1

5 2

6

7 1

8 2

94200

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.